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FROM THE DESK OF THE DDSN MEDICAL CONSULTANT

INSIDE THIS ISSUE:

Recognition of Illness



Written by:
Graeme Johnson, M.D.
MEDICAL CONSULTANT
SCDDSN
3440 Harden Street Ext.
P.O. Box 4706
Columbia, SC 29240
PHONE:
(803) 898-9808
FAX:

(803) 898-9656 EMAIL:

gjohnson@ddsn.state.sc.us
EXTRANET:
http://web.ddsn.sc.gov



RECOGNITION OF ILLNESS Part III

A change in the appearance or behavior of a person is important to those who care for them. It may indicate that they are ill. In these notes we have been looking at some changes that may indicate this and in this issue we emphasize more changes that we need to pay attention to and follow up on.

Changes in Breathing

Breathing keeps us alive. If a person stops breathing, follow the emergency procedures of your agency.

- Call for help (this may include a local emergency number 911 or call operator).
- Start resuscitation using CPR techniques.
- Continue until relieved by paramedics or other trained personnel.
- Review what happened with your supervisor and document (this helps us learn from each experience).

Another urgent situation is the person who has difficulty breathing and chocking or a blocked airway. Observe and help the person cough. Remember the procedure for the Heimlich maneuver. Have any person who chokes seen by the physician and their feeding procedures reviewed.

Breathing patterns will change if a person has a cold or fever but we always need to be alert for signs that may indicate a more serious condition, for instance, pneumonia. Have a nurse or doctor check anyone who has rapid, noisy breathing, or who has to put a lot of effort into breathing. An increase in the number of breaths per minute a person takes, how hard they have to work, and how much it limits their activities are all-important clues we need to follow-up on. A fever does not necessarily indicate trouble. We may need to check for bronchitis, asthma, pneumonia, heart failure, or other problems.

If the difficulty in breathing is associated with blueness of lips or fingernails, then they need urgent attention. (If a person has blueness, is not breathing rapidly, or have to work hard to breath, **and** they are cold **and** the blueness goes away when they are warm, then it was the circulation slowing in cold areas. Always care for these persons carefully and **ask for help in this case too).**

Changes in Neurological Signs

Some of the persons we care for have recognized seizure disorder. If they have a change in their seizure patterns, this should be reported. If a person who has seizures has a seizure longer than 2 minutes, follow your procedures for prolonged seizures. If they have clusters of seizures or status seizures or a person who is not recognized to have seizure disorder has their first seizure, **please seek advice**.

- If there is a change in a person who has sudden weakness or a paralysis of a part of the body or difference in the way one side of their face moves (facial asymmetry), please have them checked.
- If a person's level of consciousness or awareness and reaction to their surroundings have altered, **please report this**.

Pain

We always respond to pain as warning of damage or our body. It can be just a passing nuisance or may be a signal of a dangerous condition. In our care for some of our consumers understanding the degree, nature, and location of the pain may be made difficult by problems of communication and for some persons the way they experience pain. We all vary in our response to pain; a minor scrape may totally upset some of us, while others do not complain with a broken leg. Always consider that a change in behavior may be due to pain – withdrawal, agitation, reduction in appetite, not moving a part of the body (always check that part **and** connected or surrounding parts), increase or change in self stimulation pattern (e.g., a person hitting their head that has a sore ear or tooth) or other ways of communicating distress (wishing to be with family or friends, stop work, etc.).

Some particular pain patterns do need particular attention:

- Headache in children needs to be checked. In adults it may be more common but if new or unsure for a particular person, please check.
- *Ear Pain* needs checking, it may signal infection or a foreign body in the canal.
- *Pain in the jaw or teeth* should be checked by a dentist.
- Pain in the abdomen should be evaluated. Any abdominal pain associated with nausea, vomiting, loss of appetite needs to be checked. If the person is pale, has high or low temperature or has swollen abdomen, blood in vomit or stool, or looks sick, get help quickly.
- Joint pains may be due to excessive use or part of known arthritis. If it is new or the person looks ill or is not moving a joint that has swelling or is hot to the touch, or the person has a fever, have it checked soon.

Check anyone with:

- > Increased breathing
- Difficult breathing
- > Abdominal pain, vomiting. swelling, or bloody stool
 - Sudden
 weakness
 of part of
 body
- New seizures

Think of pain if a person is:

- Quiet
- Agitated
- > Selfabusive

Check and record ALL injuries.

IF IN DOUBT,
CONSULT!!

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Pain (continued)

- Head Injuries (other than minor bumps) should be checked by your health professional. If a person becomes drowsy or vomits after a head injury, get help right away.
- All bruises and injuries need to be checked and recorded. We have the responsibility for appropriate management when there are signs of damage or risk not moving, swelling at joints, pain, fever, distress please follow up. In all cases (major and minor) record carefully and correctly (have someone else confirm findings). Be alert for the possibility of abuse and follow your agency's guidelines.

Summary

In our care for our consumers we need to be alert to changes and respond to them. Check the surroundings and circumstances follow our first aid and care procedures and **document** our findings and actions. The changes we have discussed are some that may be indicators of illness. They may not always mean problems but need to be considered and checked. There may be other changes and clues we notice that need follow-up. In all cases if you are **concerned**, **consult your health team members** and follow agency guidelines.

Small changes we respond to may help us prevent major problems.